

AYOOLA ADEKILE, M.D.
 MARCELLUS ASSIAGO, M.D.
 MARVIN J. BERNSTEIN, M.D.
 ADIN BOLDUR, M.D.
 VENUGOPAL BOTLA, M.D.
 CHARLES CHO, M.D.
 JAY K. CHU, M.D.
 JOHN HAVILL, M.D.
 GAURAV JAIN, M.D.
 BINDU KHANNA, M.D.
 LARRY M. LEHRNER, M.D.
 MARC LEISEROWITZ, M.D.
 THOMAS LIM, M.D.
 ROBERT W. MERRELL, M.D.
 SEYEDQUMARS MIRFENDERESKI, M.D.
 CHIDI OKAFOR, M.D.
 NEVILLE POKROY, M.D.
 RAJEEV PRASAD, M.D.



KIDNEY SPECIALISTS
 OF SOUTHERN NEVADA

RAO PRASAD, M.D.
 RIZWAN QAZI, M.D.
 RAMCHAND RANAI, M.D.
 CRISTY ROBERTSON, M.D.
 ZVI SELA, M.D.
 SYED SHAH, M.D.
 VIPUL SHAH, M.D.
 RAJ P. SINGH, M.D.
 VIVEK VEERAPANANI, M.D.
 MARK VISHNEPOLSKY, M.D.
 VINCENT YANG, M.D.
 ZVIA BEN-REY, APRN
 KIRA CAMPOS, APRN
 NATHAN HUGG, APRN
 ROSE JUSAYAN, APRN
 LOURDES MENDOZA, APRN
 MARILOU REYES, APRN
 VALERIE CHANG, PA-C

CONSULTATION REQUEST FORM

FAX REQUEST TO: 702-877-7141 OR 702-932-0833

Patient Name: _____
 (Please send demographic & insurance information & ins. cards)

Male: ___ Female: ___ Date of Birth: ___ SS #: _____

Patient Contact Information: Home: _____ Cell: _____

Insurance Information: Primary: _____ Secondary: _____

(Please send copies of Insurance Card(s))

Consult Requested By: _____

Contact Numbers: Phone: _____ Fax: _____

Consulting Office Requests:

First Available Physician _____ or Specific Physician: _____

Patient Needs to be Seen: ASAP ___ 1 Week ___ 2 Weeks ___ 3-4 Weeks ___

(Our physicians may request records to assess scheduling priority)

Consult Request For: (please check all that apply or indicate in other)

Hypertension ___ Chronic Kidney Disease ___ Acute Kidney Injury ___ Urine Infection ___

Proteinuria ___ Kidney Stones ___ Hematuria ___ History of Renal Transplant ___

Elevated Creatinine ___ Creatinine Level ___ Abnormal Laboratory Studies ___

Other: _____

We would appreciate the following documents with all new patient consult requests:

1. Most recent physician evaluation (Office notes, Hospital H&P, etc.)
2. Last 3 laboratory results
3. Any pertinent imaging reports

For our office use:

KSOSN will fax the appointment date, time, physician & office location to the contact information.

The Patient's Appointment has been scheduled for:

M __, Tu __, W __, Th __, F __, ___ - __, 20 __ with Dr. _____

Office Location: Rancho __, Summerlin __, Southern Hills __,

Henderson __, Centennial Hills __, Pahrump __, NLV __,

Anthem __, Mountain View __, Boulder City _____

Faxed back to requesting office on: _____ - _____, 20 ____.

Comment: _____